

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Utah (Mr. BISHOP) is recognized for 5 minutes.

(Mr. BISHOP of Utah addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS of Arizona addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FLAKE) is recognized for 5 minutes.

(Mr. FLAKE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. I thank the Speaker and my colleagues for this opportunity to once again take a look at the area of health care, something that has been capturing the attention of Americans and legislators for 10 these many weeks, and to take a look at some of the controversy that's developed between one statement and then a different statement and the two don't seem to agree. So what is the real story? And we're going to take a look at a number of those areas today. Various statements that have been made on health care, what the record seems to support, what Congressional Research has to say, people who are reasonably scholarly, take a look at the facts and say, well, what really is going on.

I think the first thing, and I think this is something that has caught the attention of Americans, is a concern over the cost of health care. If you bear with me just a minute, I'm going to try to get some charts up here to help illustrate it.

Through experience, just history and common sense tells us when the government is trying to do something, there are some side effects. Sometimes it's excessively expensive. Sometimes there is bureaucracy and rationing, inefficient allocation of resources, and degraded quality.

If you take a look at various government Departments, you think of things like the Post Office Department, something that's not noted for its efficiency, or the IRS, not noted for its compassion particularly, and the excessive expenses that seem to come up.

We established a Department called the Department of Energy. It was originally established to try to make sure that we were not dependent on foreign energy and foreign oil. That Department has grown tremendously, and we have become increasingly dependent on foreign oil.

So when we talk about the government, particularly the government injecting itself into a lot of areas, one of the concerns becomes particularly the cost.

Now, we were reassured on this point by President Obama when he spoke here in this Chamber not so many weeks ago, and this is part of his speech:

"Most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse."

Of course, what he's talking about, one of the major places where he's going to get money is from Medicare, which is kind of an interesting thing because in the past it was Republicans who were accused of raiding Medicare. Here President Obama is saying that this can be paid for by finding savings within the existing health care system and part of the piece of that is going after Medicare.

So the question is, Is this something that's going to cost us a lot of money and what is the record of this administration and the government in general in terms of spending?

Here we have, from the beginning of this year, the spending pattern of the President and the Democrat leadership. And he complained at the beginning of his speech on health care that he had inherited a trillion dollar deficit, and, in fact, it was \$240 billion. And yet here he has in a matter of 6 months or so burned up \$3.6 trillion. So this statement that most of this plan can be paid for by finding savings within the existing system that's currently full of waste, and then he goes on to say "Here's what you need to know: First, I will not sign a plan that adds one dime to our deficits." He's not going to add one dime to our deficits either now or in the future, period. Well, \$3.6 trillion in debt is a lot of dimes. I don't know how many dimes. They'd probably stack up from here to the Moon for all I know.

I'm joined today by some distinguished colleagues and particularly a doctor and a gentleman who has had experience in medicine for a good number of years and somebody who has studied up on this entire system.

Congressman FLEMING, if you would join us, if you would like to make a comment.

I would like you to, first of all, take a look at this question. Is this proposal

of the President something that really is not a big deal financially, or is this something that could become extremely expensive to the Federal deficit?

Mr. FLEMING. Well, I thank the gentleman, Mr. AKIN, for the question.

Of course, I, among all of our Republican colleagues and our Democrat colleagues, was here to hear the President make these statements, and it's very interesting when he said not one dime would be spent, and yet I don't know of anyone in America who agrees with that. Even the CBO, who is led by someone who was actually appointed by him, says that even with all of the razzle dazzle and the sleight of hand and pulling rabbits out of the hat, still there's \$256 billion that's not covered, and that's after the \$500 billion that's being gutted from Medicare, as you adroitly pointed out.

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Mr. AKIN. Say that again. How much was gutted from Medicare?

Mr. FLEMING. Well, it is a two-step situation. About \$350 billion.

Mr. AKIN. That is more than the deficit he inherited from the Bush administration. He is going to take that much out of Medicare?

Mr. FLEMING. That is the first step. The second step is nearly another \$200 billion that comes out of Medicare Advantage. So the total comes to something well over \$500 billion, half a trillion dollars.

Mr. AKIN. \$500 billion taken out of Medicare. That is a pretty gutsy move, it seems like to me, to be taking \$500 billion out of Medicare. And he is calling that, what his statement was: Most of the plan would be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse.

I guess he is looking at the waste and abuse would be \$500 billion out of Medicare; is that correct?

Mr. FLEMING. Well, \$350 billion would be from the so-called fraud, waste and abuse. The other \$150 or so billion, almost \$200 billion, would be to directly tear down, dismantle, if you will Medicare Advantage.

Mr. AKIN. I have heard politicians going along on this line, and it sounds like to me that there is a line item, or there are three line items, waste, fraud and abuse, and you can just cut the numbers out of those lines. Is that how it works?

Mr. FLEMING. It seems to me that it is easy to do on paper, but this program is over 40 years old. And every politician that has come along has promised to do away with fraud, waste and abuse. Not one has been able to do it, and our President nor our colleagues on the other side of the aisle have even hinted how that would be accomplished.

Mr. AKIN. That is interesting; \$500 billion out of Medicare alone. That is a significant number.

We are joined by Congresswoman FOX who has dazzled us down here in